



STATE OF SOUTH CAROLINA
NON-PARTICIPATING MANUFACTURER'S SALES INFORMATION
 [Pursuant to S.C. Code Ann. §11-48-50]

Manufacturer Identification

Company Name:		Date:	
Address:			
City:	State:	Zip:	Country:
Telephone Number:	Fax Number:		E-Mail Address:
Name/Title of Person Completing Form:			

MANUFACTURER'S RECORDS
 (Attach Addendum Pages As necessary)
 Year of Liability 2009

Quarter Reported (check one): 1st Qtr 2nd Qtr 3rd Qtr 4th Qtr
 Other: _____

Instructions for Manufacturer: List each distributor that is responsible for South Carolina tax on your cigarette and RYO brand(s). For each distributor, provide the name, address, contact person and phone numbers. For each distributor, provide the sales volume for South Carolina.

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer:	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer:	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer:	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

--	--	--	--

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer:	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer:	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer:	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer:	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

Distributor Name:	Contact Person's Title/Name:	Distributor Address:	Phone Number:
Brand Family:	Check One: <input type="checkbox"/> RYO <input type="checkbox"/> Cigarette	Sales Volume per Manufacturer:	Sales Volume per Distributor reports to Dept. of Revenue (AG use only)

For Attorney General Use Only: Total Cigarette Sticks: _____ Total RYO Ounces: _____
